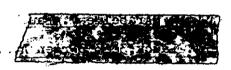
					FION OF HEALTH - STANDARD CERTIFICATE OF DEATH -62-0 STATE FI TOOR 4550 STATE FI	16998		
O NOT WRITE	WRITE AMENDED			Registration District No				
					. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institu			
VS 300 Rev. 4/59	띯			I	a. COUNTY a. STATE Mo. b. COUNTY	admission)		
4, 0,	AMENDED				b. CITY (If autside corporate limits, give TOWNSHIP only) OR TOWN ST TOUTS MTSSOURT Length of stay in 1b OR TOWN ST TOUTS MTSSOURT	Inside Limits Yes No [
				I —	c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If cutside, give location)			
20	A PATE				HOSPITAL OR BARNES HOSPITAL Yes No No ADDRESS 3823 Burgen Ave.	Yes No [
3 2	17	+	\dashv			Day Year		
					(Type or print) JAMES LOUIS LAUCK OF DEATH MAY	1 1962		
0_				5	SEX 6. COLOR OR RACE 7. Married 🖸 Never Married 🗌 8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1	YEAR IF UNDER 24		
. 1					Male White	Days Hours A		
	اام			10		N OF WHAT COUNT		
	Š				dwing most of working life, even if fetiged) Chaulfeur-Kates Distributing Co. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR			
0	ă l			13				
~ '	ν Σ			15	Aloysius Lauck Henrietta Fable Arabelle V. Ta WAS DECEASED EVER IN U.S. ARMED FORCES?	uck		
	¥			(Y	es, no, or unknown) (if yes, give war or dates of service None Arabelle V. Lauck 3823; Bergen	ਲ;} ∴Aye.		
	¥		Ę		18. CAUSE OF DEATH (Enter only one cause per line to PART I. DEATH WAS CAUSED BY:	ONSET AND DE		
!	S P		UME		IMMEDIATE CAUSE (a) ENCEPHALOMALACIA, SUSPECTED	1 DAY		
	പപ്		pocu					
<u></u>	찍[절]		ă		Conditions, if any, which gave rise to DUE TO (b) CEREBRAL THROMBOSTS	3 DAYS		
	SES				above cause (a), }	2 DAVO		
· [tying cause last.] DUE TO (c) GASTRO-INTESTINAL DIRECTION, ONDETERMENTED SITE	3 DAYS		
. - \	5			CATION	. disease condition given in PART I (a)	sed was female pregnancy in last 90		
					ARTERIOSCLEROTIC HEART DISEASE 332X	□ No □ Unk		
	AMENDMEN			CERTIF	19. WAS AUTOPSY PERFORMED? 20s. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART 1 or P. PERFORMED? 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ART II of item 18.)		
2	N N N N N N N N N N N N N N N N N N N			Ş	20c. TIME OF Hou! Month, Day, Year			
BLACK INK OR RITER RIBBON	₹			WED	INJURY a.m. p.m.			
				*	20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, while AT WORK 50f. CITY, TOWN, OR LOCATION COUNTY farm, factory, street, office bldg., etc.)	STA		
유표	8	+			A - I m a gard by	1-		
	D REA				21. I attended the deceased from	the causes stated.		
USE BLACOR OR TYPEWRITER	SHOULD		VIT OF		22a. SIGNATURE (Degree of title) BARNES HOSPITAL	22c. DATE SI		
	ö	11		23	a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)	(State)		
	Z		AFFIDA		Burial May 4, 1962 S/S Peter & Paul Cemetery St. Louis, Mo.	·		
İ	TEM		Ϋ́		FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. SEISTRAR'S SIGNATURE.	M. D.		



STATEMENT BY LICENSED EMBALMER

1 hereby certify that the body whose name i	s recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision. Student	Signed James & Dunn
Signature of Student Embalmer	Licensed Embalmer No. 4527
•	P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.